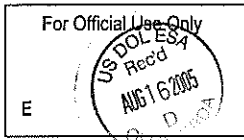


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>8512</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>T. Robert</u> <u>Miller</u> P.O. Box, Bldg., Room No., if any Street <u>1109 Echo Hills Court</u> City <u>Fairfield</u> State <u>California</u> ZIP Code + 4 <u>94533</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers Local Union No. 3</u> Labor Organization File Number <u>035-651</u> P.O. Box, Building and Room Number, if any Street <u>1620 South Loop Road</u> City <u>Alameda</u> State <u>California</u> ZIP Code + 4 <u>94502</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>TR Miller</u>	On <u>8-11-05</u> Date	<u>707-434-1871</u> Telephone Number

Name of Person Filing <b>T. Robert Miller</b>	File Number <b>U-</b>
---	-----------------------

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b> Name <b>Operating Engineers Credit Union</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street <b>250 North Canyons Parkway</b> City <b>Livermore</b> State <b>California</b> ZIP Code + 4 <b>94551</b>	<b>9. Business deals with:</b> <input checked="" type="checkbox"/> <b>a. Labor Organization</b> <input type="checkbox"/> <b>b. Trust</b> <input type="checkbox"/> <b>c. Employer</b>
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	<b>11.a. Nature of such dealing.</b> Local Union credit union.  <b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right; border: 1px solid black; padding: 2px;"><b>N/A</b></span>
<b>12.a. Nature of interest held or income received.</b> Board meeting fee. Expenses for attending the RSM McGladrey Conference.	<b>12.b. Amount.</b> <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$1,500</b></span>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	<b>14.a. Nature of payment.</b>    
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px;"> </span>

Name of Person Filing T. Robert Miller

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name McMorgan &amp; Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 Bush Street, Suite 800

City San Francisco

State California

ZIP Code + 4 94104

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Local Union's investment manager.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Attended lunches, dinners and other events hosted by McMorgan &amp; Co.

## 12.b. Amount.

\$1,379

Name of Person Filing T. Robert Miller

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any: ATPA

P.O. Box, Bldg., Room No., if any

Street 1640 South Loop Road

City Alameda

State California ZIP Code + 4 94502

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1640 South Loop Road

City Alameda

State California ZIP Code + 4 94502

## 11.a. Nature of such dealing.

Provides third party administration services for the Local Union's related pension and welfare trust funds.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Attended lunches, dinners and other events hosted by ATPA.

## 12.b. Amount.

\$1,300

Name of Person Filing T. Robert Miller

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Operating Engineers Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1640 South Loop Road

City Alameda

State California ZIP Code + 4 94502

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Local Union's pension trust fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meeting expense for IF Institute for Investment.

12.b. Amount.

\$825

Name of Person Filing T. Robert Miller

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Operating Engineers Local Union No. 3

Trade Name, if any: Trust Funds

P.O. Box, Bldg., Room No., if any

Street 1640 So. Loop Rd.

City Alameda

State California

ZIP Code + 4 94502

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Local Union's Trust Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Meeting regarding Trust Fund issues.

## 12.b. Amount.

\$167